

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC

<p>Full Name (Last, First, Middle Initial) A. JEAN JACQUES BIENAIME</p> <p>Mailing Address 2510 SKYFARM DR</p> <p>City Hillsborough State CA Zip Code 94010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BIOMARIN Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 4600.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2014</p> <p>Transaction ID : INCA367</p> <p>Amount of Each Receipt this Period 230.00</p>
<p>Full Name (Last, First, Middle Initial) B. ARTHUR BLUM</p> <p>Mailing Address 9 FAIRVIEW AVE</p> <p>City Corte Madera State CA Zip Code 94925</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BIOMARIN Occupation VICE PRESIDENT, REGULATORY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1043.60</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2014</p> <p>Transaction ID : INCA368</p> <p>Amount of Each Receipt this Period 52.18</p>
<p>Full Name (Last, First, Middle Initial) C. MICHAEL CLARKE</p> <p>Mailing Address 700 ILLINOIS STREET #210</p> <p>City San Francisco State CA Zip Code 94107</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BIOMARIN Occupation VICE PRESIDENT, BUSINESS AND CORPOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 883.66</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2014</p> <p>Transaction ID : INCA369</p> <p>Amount of Each Receipt this Period 38.42</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>320.60</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		